

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/936166

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5					56						
7		5					57						
8	1	5					58						
9	1						59						
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47							97						
48							98						
49							99						
50							100						
TOTAL	3						TOTAL						
IND.							IND.						
DEP.	16						DEP.						
TOTAL	19						CLAIMS						

BEST AVAILABLE COPY